

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

TOTAL AMOUNT OF PAYMENT (\$ ) 450.00

### Complete If Known

Application Number	10/797,798
Filing Date	March 10, 2004
First Named Inventor	Thomas L. Mydlack
Examiner Name	NGUYEN, SANG H
Art Unit	2877
Attorney Docket No.	B03-75

### METHOD OF PAYMENT

Deposit Account Deposit Account Number: 502309 Deposit Account Name: Acushnet Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fee (\$)	Search Fee (\$)	Examination Fee (\$)	Fees Paid (\$)
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200
<b>Total Claims</b>	<b>Paid TC</b>
-	=
<b>Extra Claims</b>	<b>Fee (\$)</b>
0	50
x	=
<b>Fee Paid (\$)</b>	0

Paid TC = the greater of 20 or highest number of total claims paid for

Independent Claims	Paid IC	Extra Claims	Fee (\$)	Fee Paid (\$)
-	=	0	200	=
x	=	0		
<b>Fee Paid (\$)</b>				0

Paid IC = the greater of 3 or highest number of independent claims paid for

#### 3. APPLICATION SIZE FEE

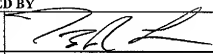
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	(round up to integer)	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	x	250	=

#### 4. OTHER FEES

Extension for response within second month	Fee Paid (\$)
\$450	450
Click to select	

### SUBMITTED BY

Signature		Registration No. 36,200	Telephone 508-979-3534
Name	Troy R. Lester	Date	8-15-04